

tinal tract infections, uncomplicated gonorrhea, prostatitis, and as prophylactic agents against travelers' diarrhea and gram-negative infections in patients with neutropenia. The fluoroquinolones should not be used to treat anaerobic infections, and their usefulness in a variety of other situations, particularly infections of the central nervous system, is unknown.

Adverse effects of the fluoroquinolones have been predominantly mild—nausea, vomiting, abdominal pain, dizziness—but neutropenia and elevated serum aminotransferase levels have been reported. Rare episodes of seizures and reversible arthropathy have been reported with these agents. The use of fluoroquinolones is not recommended for patients younger than 17 years or pregnant or breast-feeding women.

Primary care physicians should resist the temptation to use the fluoroquinolones as "shotgun" therapy for various outpatient infections. Where possible, particularly in uncomplicated genitourinary tract infections, older and cheaper agents, such as the sulfonamides and penicillins, should be used. Because the development of bacterial resistance to an antibiotic is directly proportional to its use, the fluoroquinolones should be reserved for cases in which they clearly show superiority to conventional agents. Also, primary care physicians must be vigilant of the possibilities of serious adverse effects, particularly central nervous system toxicity and arthropathy.

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Posttraumatic Stress Disorder in Southeast Asian Refugees

SINCE 1975 MORE THAN 700,000 REFUGEES from Southeast Asia have immigrated to the United States. The largest number of these have settled in California. Initial health care focused on infectious disease considerations of hepatitis, parasitology, and diseases endemic in the third world. Further evaluation revealed a substantial difference between the better educated, more highly skilled refugees in the first wave of immigration in 1975 to 1978 and the second wave of war refugees in 1978 to 1979. In the past five years, researchers at several mental health clinics focusing on refugee psychiatric problems have begun to record the previously

undetected extent of significant psychological problems in this population. Mollica and co-workers in Boston, Westermeyer in Minnesota, and Kinzie and Fleck in Portland, Oregon, in particular, have reported the extent and severity of depression and posttraumatic stress disorder in Southeast Asian refugees, particularly those in the second wave of immigration. They have also reported that the Cambodian refugees who suffered some of the atrocities of the Pol Pot regime appeared to be the most severely affected.

These researchers have been working primarily in mental health centers designed for refugee health care. They all comment, however, on the consistent pattern of somatization in Southeast Asian refugees and the cultural inhibition in identifying mental health problems. Therefore, refugees are more likely to present to primary care physicians than to mental health services. Unless family physicians and internists are alert to the symptoms of posttraumatic stress disorder, the diagnosis may be missed. The symptom complex of the disorder includes flashbacks, nightmares, severe difficulty concentrating, panic attacks, strong startle responses, emotional blunting, and extreme avoidance of stimuli that induce memories of the traumatic experiences. The somatic presenting complaints are frequently headaches, dizziness, and abdominal, back, or joint pain.

With more culturally aware assessments, primary care physicians can play a key role in determining the prevalence of this problem, in mobilizing appropriate consultation and community resources, and in minimizing the iatrogenic risks of multidrug therapy and unnecessary diagnostic evaluations. They may also be better able to establish supportive continuing relationships with these patients, who tend to drift from physician to physician seeking relief for their various somatic complaints. Only with continuity will it be possible to help Southeast Asian refugees begin to understand and grapple with this complex disorder.

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